

# PROJECT 10073 RECORD

|  |   |
|--|---|
| 1. DATE - TIME GROUP<br>28 March 66 29/0105Z   | 2. LOCATION<br>Kettering, Ohio  |
| 3. SOURCE<br>Civilian  | 10. CONCLUSION<br>Satellite (PEGASUS II)  |
| 4. NUMBER OF OBJECTS<br>One  | PEGASUS II at 2008 hours local, 15.78 degrees above the horizon moving SW to SE.  |
| 5. LENGTH OF OBSERVATION<br>10 Minutes   | 11. BRIEF SUMMARY AND ANALYSIS<br>Object was like a star only moving faster than a jet. Object was observed for ten minutes moving towards the southeast. It was as bright as a bright star and fading. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual  |   |
| 7. COURSE<br>SE  |   |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |   |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |   |



## U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will *not* be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

30 March 1966  
Day Month Year

2. Time of day: 8 : 00  
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One): a. Daylight Saving  
b. Standard

4. Where were you when you saw the object?

[REDACTED]  
Nearest Postal Address

Kettling  
City or Town

Ohio  
State or County

5. How long was object in sight? (Total Duration)

\_\_\_\_\_  
Hours Minutes 10 Seconds

a. Certain  
b. Fairly certain  
c. Not very sure  
d. Just a guess

5.1 How was time in sight determined? clock

5.2 Was object in sight continuously? Yes ✓ No \_\_\_\_\_

6. What was the condition of the sky?

DAY  
a. Bright  
b. Cloudy

NIGHT  
a. Bright  
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you  
b. In back of you  
c. To your right  
d. To your left  
e. Overhead  
f. Don't remember



8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- ☒ c. Many
- d. Don't remember

8.2 MOON (Circle One):

- ☒ a. Bright moonlight
- b. Dull moonlight
- c. No moonlight – pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- ☒ a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- ☒ c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

The same as a bright star

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
  - b. Like a bright star
  - ☒ c. Sharply outlined
  - d. Don't remember

e. Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Did the object:

(Circle One for each question)

- |   |                                      |                                     |            |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| c. Break up into parts or explode?              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke?                              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness?                           | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| f. Change shape?                                | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker?                            | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear?                      | Yes                                  | <input checked="" type="radio"/> No | Don't know |



14. Did the object disappear while you were watching it? If so, how?

*No it didn't*

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):      Yes      ☒ No      Don't Know.      IF you answered YES, then tell what it moved behind: \_\_\_\_\_

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):      Yes      ☒ No      Don't Know.      IF you answered YES, then tell what in front of: \_\_\_\_\_

17. Tell in a few words the following things about the object:

- a. Sound *No sound*  
b. Color *Bright white*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head? *all of it*

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

*South*



*NORTH*



20. Do you think you can estimate the speed of the object?

(Circle One) Yes ☒ No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes ☒ No

IF you answered YES, then how far away would you say it was? \_\_\_\_\_

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane (type) \_\_\_\_\_
- e. At sea
- f. Other \_\_\_\_\_

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- |              |              |              |              |
|--------------|--------------|--------------|--------------|
| a. North     | c. East      | e. South     | g. West      |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? \_\_\_\_\_ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes ☒ No

25. Did you observe the object through any of the following?

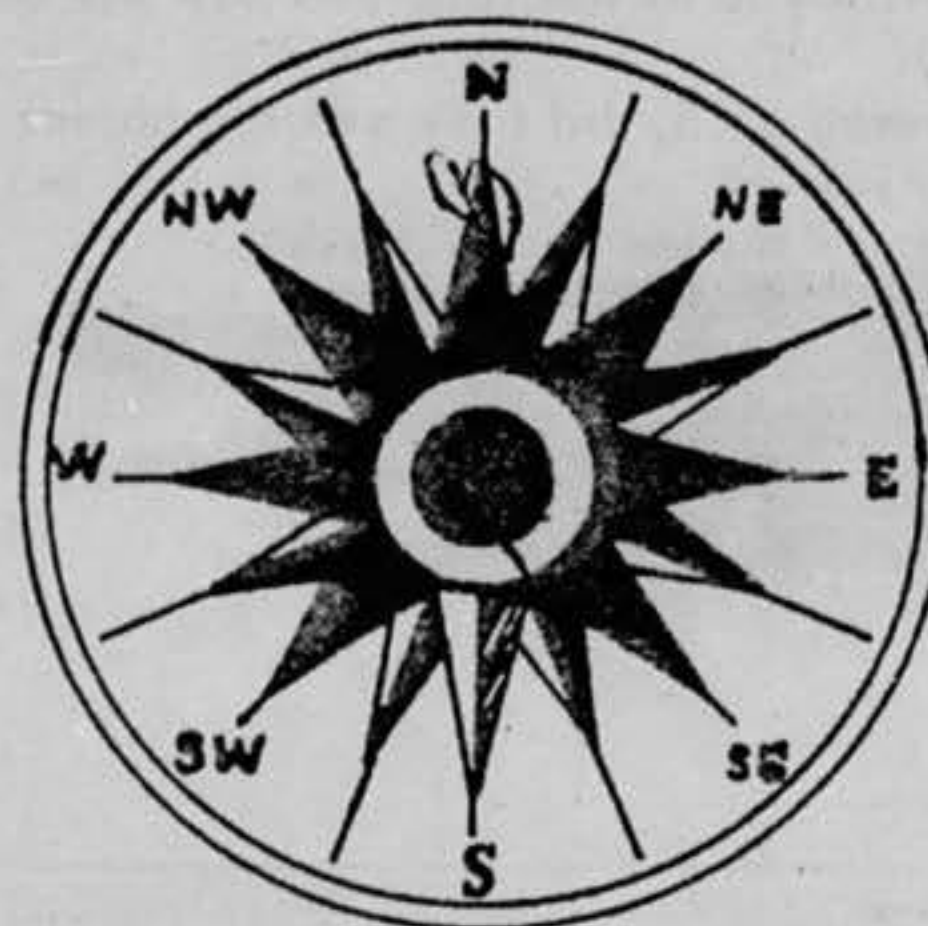
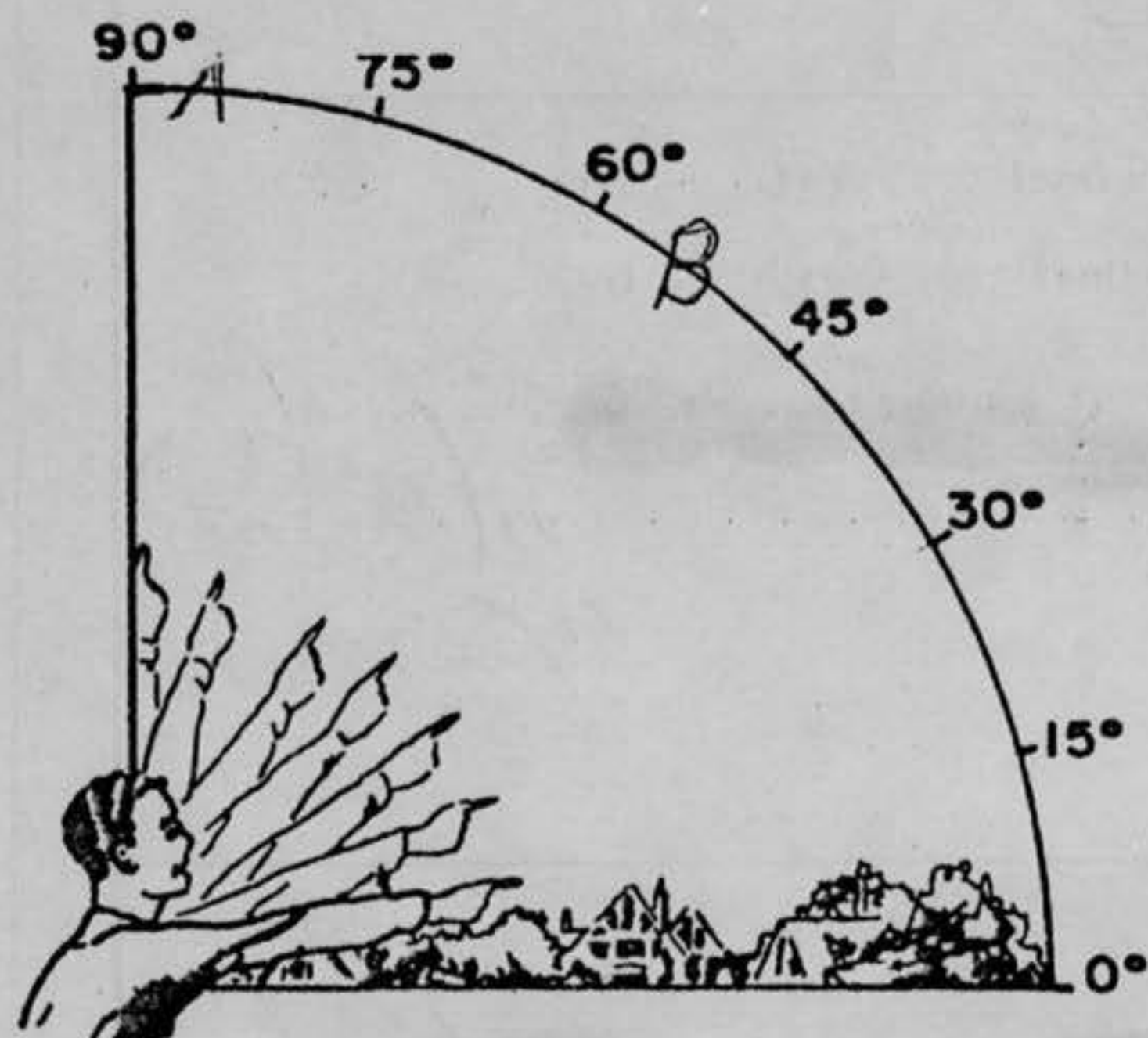
- |                 |                                      |                                     |               |       |                                     |
|-----------------|--------------------------------------|-------------------------------------|---------------|-------|-------------------------------------|
| a. Eyeglasses   | <input checked="" type="radio"/> Yes | No                                  | e. Binoculars | Yes   | <input checked="" type="radio"/> No |
| b. Sun glasses  | Yes                                  | <input checked="" type="radio"/> No | f. Telescope  | Yes   | <input checked="" type="radio"/> No |
| c. Windshield   | Yes                                  | <input checked="" type="radio"/> No | g. Theodolite | Yes   | <input checked="" type="radio"/> No |
| d. Window glass | Yes                                  | <input checked="" type="radio"/> No | h. Other      | _____ |                                     |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

*A transparent balloon well lighted inside.*



27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? \_\_\_\_\_  
 Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



30. Have you ever seen this, or a similar object before. If so give date or dates and location.

July, — 1965 ?  
overhead, ~~east to west~~ to east

31. Was anyone else with you at the time you saw the object? (Circle One)

☒ Yes

☐ No

31.1 IF you answered YES, did they see the object too? (Circle One)

☒ Yes

☐ No

31.2 Please list their names and addresses:

Mr. [REDACTED] [REDACTED] (PARENTS)  
Mrs. [REDACTED] [REDACTED] (PARENTS)  
Miss [REDACTED] [REDACTED] (SISTER)

32. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]  
Last Name First Name Middle Name  
ADDRESS [REDACTED] Kettering 39 Ohio  
Street City Zone State  
TELEPHONE NUMBER [REDACTED] AGE 12 SEX Female

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

30 March 1966  
Day Month Year

? (AIR FORCE  
BASE)



34. Date you completed this questionnaire:

5 APRIL 1966  
Day Month Year


35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

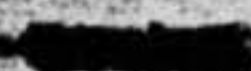


31/0100  
Bellbrook  
on.  
Pending 164

APR 4 1966

FTD (TDEW)  
Wright-Patterson AFB, Ohio 45433  
31 March 1966

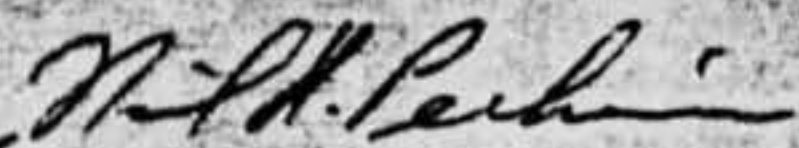
  
Bellbrook, Ohio

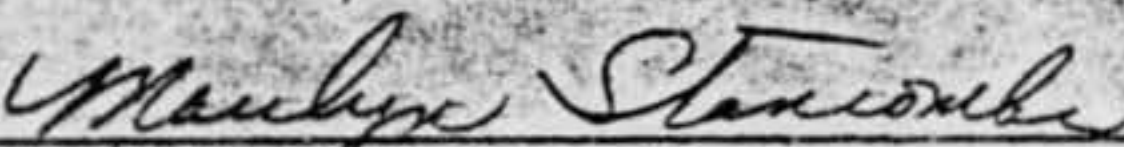
Dear Mr. 

Reference your recent unidentified observation of 30 March 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,

  
HECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Project Blue Book

 DATED 31 Mar 66  
TDEW/UFO Originator

0144-1000-1000-1000  
TDEW/UFO  
Case # 164



30 March

APR 4 1966

FTD (TDEW)  
Wright-Patterson AFB, Ohio 45433  
31 March 1966

[REDACTED]  
Kettering, Ohio 45440

Dear Miss [REDACTED]

Reference your recent unidentified observation of 30 March 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,

*Hector Quintanilla, Jr.*

HECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Project Blue Book

*Maureen M. Stenmark*  
TDEW/UFO for Maj H Quintanilla

DATED 31 Mar 66

ORIGINAL FILE COPY

*7/1/66*  
Date of Record



Pegasus II

15.78° elev  
moving SW to SE

2008

## U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will *not* be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

28 MAR 2008  
Day Month Year

2. Time of day:

20 05  
Hour Minutes

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One):

- a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One):

- a. Daylight Saving  
b. Standard

4. Where were you when you saw the object?

GEORGETOWN APT

Nearest Postal Address

KENTZING

City or Town

State or County

5. How long was object in sight? (Total Duration)

10  
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

WATCH

5.2 Was object in sight continuously?

Yes ✓

No \_\_\_\_\_

6. What was the condition of the sky?

DAY

- a. Bright  
b. Cloudy

NIGHT

- a. Bright  
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):

- a. In front of you  
b. In back of you  
c. To your right

- d. To your left  
e. Overhead  
f. Don't remember



14. Did the object disappear while you were watching it? If so, how?

NO

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

NO

Don't Know.

IF you answered YES, then tell what

it moved behind: \_\_\_\_\_

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

NO

Don't Know.

IF you answered YES, then tell what

in front of: \_\_\_\_\_

17. Tell in a few words the following things about the object:

a. Sound \_\_\_\_\_

b. Color \_\_\_\_\_

LIKE SMUG

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

ABOUT 1/4

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

FADING

BRIGHTNESS



8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- ☒ b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- ☒ b. Dull moonlight
- \*c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- ☒ c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

\_\_\_\_\_

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
  - b. Like a bright star
  - ☒ c. Sharply outlined
  - d. Don't remember

e. Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Did the object:

(Circle One for each question)

- |   |                                      |                                     |            |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or explode?              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke?                              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness?                           | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| f. Change shape?                                | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker?                            | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| h. Disappear and reappear?                      | Yes                                  | <input checked="" type="radio"/> No | Don't know |



20. Do you think you can estimate the speed of the object?

(Circle One)

Yes No

IF you answered YES, then what speed would you estimate? ESTIMATED RUN JET

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes No

IF you answered YES, then how far away would you say it was? \_\_\_\_\_

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other \_\_\_\_\_

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- |              |              |              |              |
|--------------|--------------|--------------|--------------|
| a. North     | c. East      | e. South     | g. West      |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? \_\_\_\_\_ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

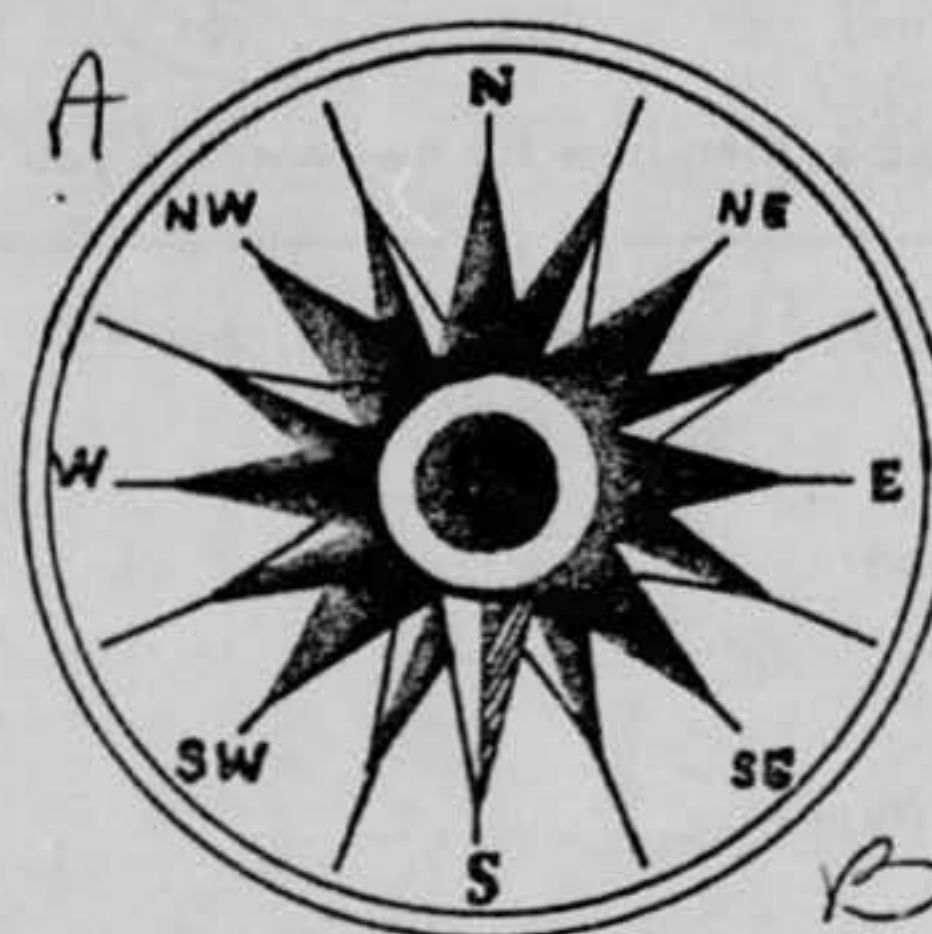
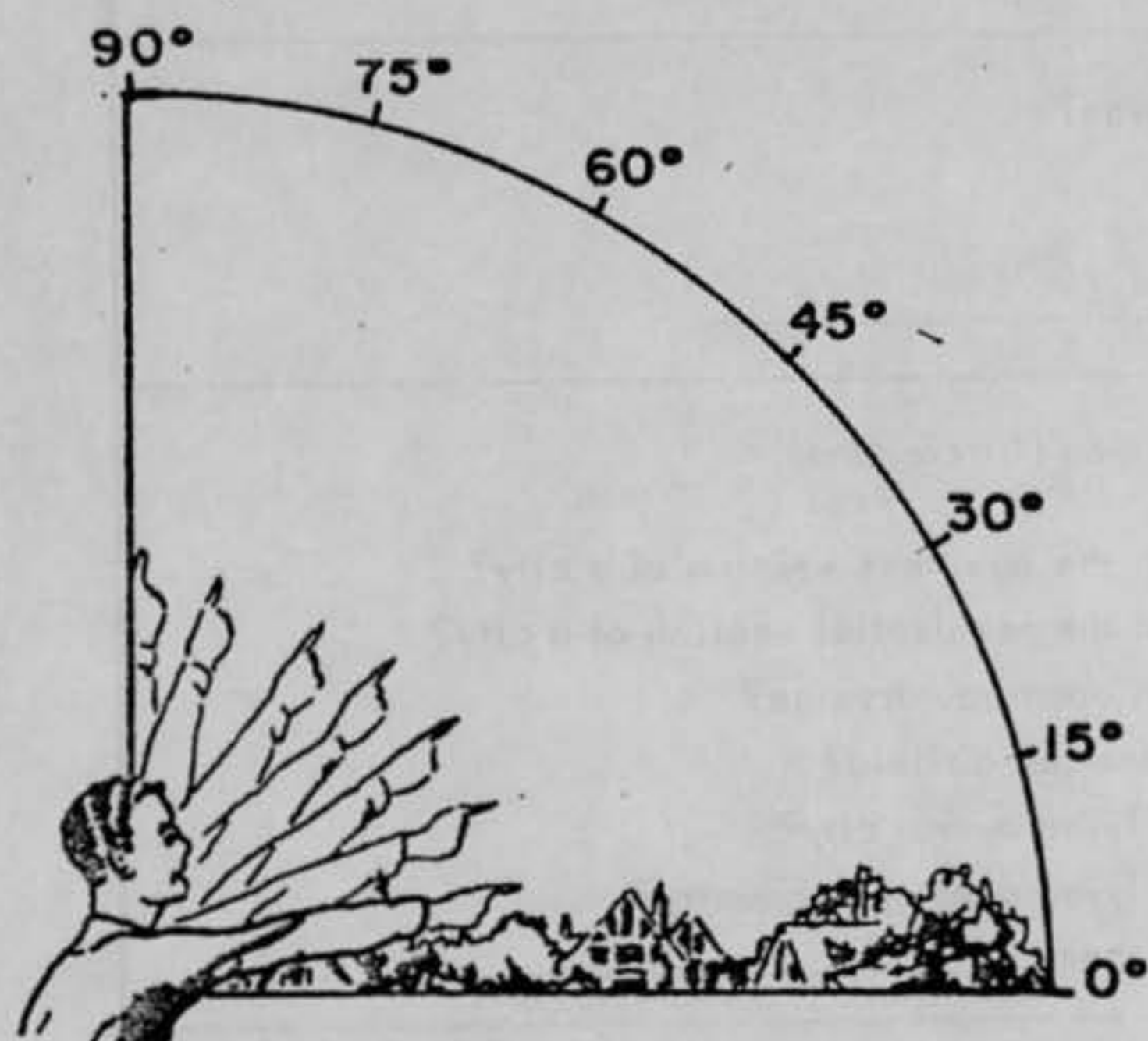
25. Did you observe the object through any of the following?

- |                 |     |           |                |     |           |
|-----------------|-----|-----------|----------------|-----|-----------|
| a. Eyeglasses   | Yes | <u>No</u> | e. Binoculars  | Yes | <u>No</u> |
| b. Sun glasses  | Yes | <u>No</u> | f. Telescope   | Yes | <u>No</u> |
| c. Windshield   | Yes | <u>No</u> | g. Theodolite  | Yes | <u>No</u> |
| d. Window glass | Yes | <u>No</u> | h. Other _____ |     |           |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.



27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? \_\_\_\_\_

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

WIFE  
DUGAN

SON

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

50

SEX

M

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day

Month

Year



# PROJECT 10073 RECORD

|  |  |
|--|--|
| 1. DATE - TIME GROUP<br>30 March 66 30/2300Z   | 2. LOCATION<br>Kettering, Ohio   |
| 3. SOURCE<br>Civilian  | 10. CONCLUSION<br>SATELLITE ✓  |
| 4. NUMBER OF OBJECTS<br>One  |  |
| 5. LENGTH OF OBSERVATION<br>10 Minutes   | 11. BRIEF SUMMARY AND ANALYSIS<br>Observer noticed object travelling from South to North moving in a zig zag motion. Object appeared as a transparent balloon well lighted inside, and as a bright star. |
| 6. TYPE OF OBSERVATION<br>Ground-Visu 1  |  |
| 7. COURSE<br>S to N  |  |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |



FTD (TDEW)  
Wright-Patterson AFB, Ohio 45433  
31 March 1966

APR 4 1966

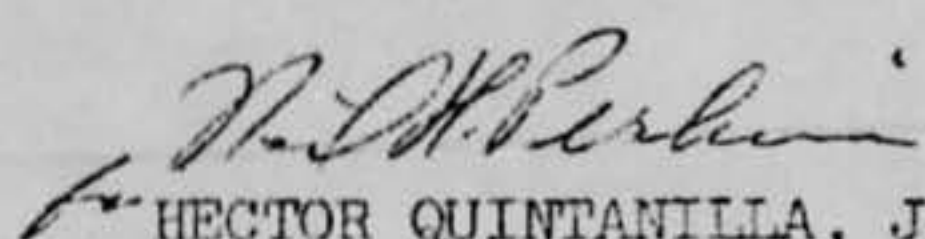
~~REDACTED~~  
~~REDACTED~~  
Kettering, Ohio 45440

Dear Miss Coleman,

Reference your recent unidentified observation of 30 March 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,

  
HECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Project Blue Book

Satellite